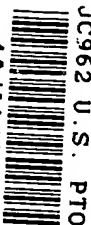


12/21/01



JC962 U.S. PTO

12-28-01

Customer No. 000959

Case Docket No. CVZ-001c

THE COMMISSIONER FOR PATENTS  
Box Patent Application  
Washington, D.C. 20231

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I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

Larry Taylor

Please Print Name of Person Signing

JC962 U.S. PTO  
10/027516  
12/21/01

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Sebastian Böhm, John Gilbert

For: Microfluidic System Including a Virtual Wall Fluid Interface Port for Interfacing Fluids with the Microfluidic System

Enclosed are:

- ☐ This is a request for filing a ☐ continuation ☐ divisional application under 37 CFR 1.53(b), of pending prior application serial no. \_\_\_\_\_ filed on \_\_\_\_\_ entitled \_\_\_\_\_.
- ☒ 49 pages of specification, 6 pages of claims, 1 pages of abstract.
- ☒ 14 sheets of drawings.
- ☒ An unexecuted Declaration, Petition and Power of Attorney.
- ☐ An assignment of the invention to \_\_\_\_\_ A recordation form cover sheet (Form PTO 1595) is also enclosed.
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Other Application Data Sheet and return acknowledgment postcard

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	OTHER THAN			SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE	////////////////////		////////	\$	OR	////////	\$ 740
TOTAL CLAIMS	47 - 20	= 27	x 9=	\$	OR	x 18=	\$ 486
INDEP. CLAIMS	4 - 3	= 1	x 42	\$	OR	x 84	\$ 84
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+140	\$	OR	+280	\$
* If the difference in Col. 2 is less than zero, enter "0" in Col. 2.			TOTAL	0	OR	TOTAL	\$1310.00

- ☒ Please charge my Deposit Account No. 12-0080 in the amount of \$1310.00  
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☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080.  
A duplicate copy of this sheet is enclosed.

- ☒ Address all future communications (May only be completed by applicant, or attorney or agent of record) to Anthony A. Laurentano, Esq. at **Customer Number: 000959** whose address is:

Lahive & Cockfield, LLP  
28 State Street  
Boston, Massachusetts 02109

Date: December 21, 2001

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